



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

7 October 16, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Los Angeles County
Board of Supervisors

October 16, 2012

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXECUTE AGREEMENTS AND AMENDMENTS TO
IMPLEMENT THE HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT
AWARDS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

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www.dhs.lacounty.gov

To ensure access to high-quality,
patient-centered, cost-effective health
care to Los Angeles County residents
through direct services at DHS facilities
and through collaboration with
community and university partners.

SUBJECT

Request authority to execute Agreements and amendments to disburse forthcoming federal funds by executing new Agreements and Amendments to existing Agreements to Hospital Preparedness Program participants that build and sustain healthcare preparedness capabilities for response and rapid recovery from natural and man-made emergencies, and public health threats.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of Health Services or his designee, to execute new Agreements with Hospital Preparedness Program (HPP) participants, to build and sustain healthcare preparedness capabilities, and execute amendments to existing agreements to expand services with healthcare providers; including County and Non-County Acute Care Hospitals and the Community Clinic Association of Los Angeles County (CCALAC), for the period January 1, 2013 through December 31, 2013 and with the option to extend annually through June 30, 2017, at no net County cost, upon approval of County Counsel and notification to the Board and Chief Executive Office (CEO).



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2. Delegate authority to the Director or his designee to execute new Agreements, and Amendments to existing Agreements with related service providers to expand services required to support the HPP and provide funding up to \$500,000 annually, for each Agreement, effective upon execution through June 30, 2017, subject to approval of County Counsel and notification to the Board and CEO.

3. Delegate authority to the Director or his designee, to amend the HPP Agreements to extend the term of any of the aforementioned Agreements for one year for the period July 1, 2017 through June 30, 2018, to coincide with the HPP funding grant's no-cost extension period, and amend the individual Agreement amounts to fully obligate the awarded funding for the HPP.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

In approving the recommended actions, the Board is authorizing Department of Health Services (DHS) to continue to execute Agreements and Amendments which will be used to disburse funding to support healthcare preparedness and enable DHS to enhance the healthcare community's ability to respond to natural and man-made emergencies and public health threats. The funding provided through the HPP will be used to build and sustain healthcare preparedness through the identified capabilities, including: (1) Healthcare System Preparedness; (2) Healthcare System Recovery; (3) Emergency Operations Recovery; (4) Fatality Management; (5) Information Sharing; (6) Medical Surge; (7) Responder Safety and Health; and (8) Volunteer Management.

Currently, 84 acute care hospitals and the CCALAC are participants in the HPP. Facilities may participate as a Basic Level facility, an Expanded Level facility, or as a Disaster Resource Center (DRC). Of the 84 participating hospitals, 71 of the hospitals are either Basic or Expanded Level facilities, and the remaining 13 are designated as DRCs.

Expanded and Basic Level participants receive funding to enhance their overall disaster preparedness with an emphasis on responding to natural and man-made emergencies, and public health threats. The DRCs are geographically distributed throughout the County and receive funding to enhance surge capacity through the provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of disasters. Additionally, DRCs are responsible for enhancing hospital planning and cooperation within their region, which includes allocating and coordinating emergency use of non-hospital space (e.g. local community health centers and clinics) to shelter and treat trauma victims during a catastrophic disaster.

Approval of the first and second recommendations will extend DHS' current authorization to enter into emergency preparedness and response related HPP Agreements with acute care facilities and related service providers that require prompt execution in order to meet federal grant timelines and enable a rapid response by the healthcare community to natural and man-made emergencies, and public health threats.

Approval of the third recommendation will allow DHS to extend at no cost, the term for one year, for the period July 1, 2018 through June 30, 2019 as allowed by the HPP funding grant, to fully obligate the awarded funds.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, Service Integration, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

There is no net County cost associated with these actions. The HPP is 100 percent funded by grant funds provided through the Los Angeles County Department of Public Health (DPH) by the United States Department of Health and Human Services (USDHHS). The FFY 2012 HPP grant funding is \$10,611,031. DHS will accept forthcoming Office of the Assistant Secretary for Preparedness and Response (ASPR) funding under the new five year project period for the term of July 1, 2012 through June 30, 2017, and the expected one-year no-cost extension to June 30, 2018, at amounts to be determined by ASPR, estimated not to exceed \$12 million per grant term.

Fiscal management at the federal level for the HPP will be carried out by the USDHHS Centers for Disease Control and Prevention (CDC) with the Notice of Grant Award going to the DPH. The funding specific for the HPP will be transferred to DHS and the grant will be administered by the Emergency Medical Services (EMS) Agency.

Funding is included in the Health Services Administration Fiscal Year 2012-13 Final Budget and will be requested in future fiscal years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In 2007, the HPP was reauthorized for another five years by Section 2802 of the Public Health Services Act. The program and fiscal management of the HPP was assigned to the ASPR.

In 2012, in an effort to align the Public Health Emergency Preparedness and HPP grant programs, the USDHHS designated the CDC as the fiscal manager for both of these grants, while keeping the program management and budgets in their respective USDHHS' agencies (CDC and ASPR). For this reason, only one Notice of Grant Award will be issued to DPH and the funding allocated to the HPP will be transferred to DHS.

This grant was established to prepare health systems and their partners to prevent, respond to, and rapidly recover from a disaster. The funding will be used to develop plans for building and sustaining healthcare preparedness capabilities including targeted investments that address the specific capabilities. Each year the federal government appropriates funds for the HPP during their budgeting process. The grant project period is July 1, 2012 through June 30, 2017, with funding being allocated and awarded on a year to year basis. On June 6, 2012, the Board approved acceptance by DPH of \$10,611,031 in HPP grant funds earmarked for DHS, which will enable the Department's EMS Agency to continue to improve healthcare system capacity and enhance community and hospital preparedness.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this action will allow the DHS to build and sustain healthcare preparedness capabilities

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for response to public health threats and rapid recovery in the event of a catastrophic disaster or other major emergency.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is fluid and cursive, with the first name "Mitchell" written in a larger, more prominent script than the last name "Katz".

Mitchell H. Katz, M.D.

Director

MHK:cc

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors